

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28270

State File No. ....

FILED AUG 31 1953

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 803

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. BURGE HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, SOUTH CAMPBELL 0290	
		d. STREET ADDRESS (If rural, give location) RT.#3, PARKVIEW ADDITION 1	

3. NAME OF DECEASED (Type or Print) THOMAS	a. (First)	b. (Middle) WOOFORD	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 21, 1953
--	------------	---------------------	-----------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH MARCH 25, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR	IF UNDER 1 HR.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN MORTON DRUG CO.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME Charles Baker	13b. MOTHER'S MAIDEN NAME Emily Bray	14. NAME OF HUSBAND OR WIFE RILDA BAKER
----------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RILDA BAKER, RT.#3, Parkview Addt.
--	---------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Vascular Disease	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 10:00 to 10:00, 1953, that I last saw the deceased alive on 8/25/53, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Faith Williamson Registrar of Vital Statistics	23b. ADDRESS Greene County Court House Springfield, Missouri	23c. DATE SIGNED 8-22-53
---	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/53	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 8-22-53	REGISTRAR'S SIGNATURE Faith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo.
----------------------------------	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lucian J. Swalley

Licensed Embalmer No. 4815

P. O. Address Springfield

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.